

Source Patient
Lab Worksheet

Last Name _____ First Name _____ MI _____

DOB _____ O Male O Female

Address _____ Telephone # _____

City/State/Zip _____

Test Request:

- 1951 Hepatitis B Surface Antigen
- 1400 Hepatitis C Ab
- 1414 HIV AB

Diagnosis:

Z02.9
Z02.9
Z02.9

Ordering Provider:

Office Phone # _____ Fax # _____

Copy to:	Dr. David Weismantel	AND	Lansing Urgent Care
	Michigan State University		2289 Grand River
	University Physician's Office		Okemos, MI 48864
	463 E. Circle Drive, Room 346		
	Olin Health Center		
	East Lansing, MI 48824		

Bill to: Michigan State University
Human Resources/ Workman Compensation
Nisbet Building Suite 104
1407 S Harrison Rd
E. Lansing, MI 48824

Date Collected: _____ Time: _____